



10-18-02

4B CW #16 CA 10302

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE Commissioner for Patents Washington, D.C. 20231 Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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24251 7590 07/17/2002

SKJERVEN MORRILL LLP 25 METRO DRIVE THREE EMBARCADERO CENTER SUITE 700 28TH FLOOR SAN JOSE, CA 95110 SAN FRANCISCO, CA 94111

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first-class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

EXPRESS MAIL LABEL NO.: (Depositor's name) EV 212 983 222 US (Signature) (Date)

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO.

TITLE OF INVENTION: COMPUTER SYSTEM FOR HIGHLY-DENSE MOUNTING OF SYSTEM COMPONENTS

Table with 6 columns: APPLN. TYPE, SMALL ENTITY, ISSUE FEE, PUBLICATION FEE, TOTAL FEE(S) DUE, DATE DUE

Table with 3 columns: EXAMINER, ART UNIT, CLASS-SUBCLASS

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- SKJERVEN MORRILL LLP
PHILIP W. WOO

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE CALIFORNIA DIGITAL CORPORATION (B) RESIDENCE: (CITY and STATE OR COUNTRY) FREMONT, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent) Individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
Publication Fee
Advance Order - # of Copies three (3)

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Payment by credit card. Form PTO-2038 is attached.
The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2386 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Philip W. Woo Reg. No. 39,880

10/15/02

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